



Arizona Department of Financial Institutions

2910 North 44th Street, Suite 310
Phoenix, AZ 85018
Telephone: (602) 255-4421 Fax: (602) 381-1225

COMPLAINT FORM

Your Name: _____ Mrs., Ms., Miss., Mr. _____

(circle one)

First

MI

Last

Address: _____

Home Phone: (____) _____

City: _____ State: _____ Zip: _____ Work Phone: (____) _____

Firm(s) and/or Person(s) Complaint is against:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Instructions: (Please type or print in black ink)

A copy of this complaint will be provided to the person or firm you are complaining against.

Explain the problem in detail, include all important information, such as dates, places, contracts, letters, advertisements, sales slips or other documents that may support your complaint. Attach an additional sheet to explain the problem, if necessary. **KEEP ALL ORIGINAL DOCUMENTS** for your files.

Please **COMPLETE** the complaint form and return it to our office. Our ability to assist you will depend upon your giving us a complete and detailed statement including any misrepresentation made to you.

1. Would you be willing to testify, under oath, regarding the matters set forth in this complaint?

Yes

☐

No

☐

2. Have you complained to the firm(s) and/or person(s) involved? Yes ☐ No ☐

To whom: _____

What was their response?: _____

3. Did you sign any documents? Yes ☐ No ☐

4. Have you contacted an attorney? Yes ☐ No ☐

5. If Yes, please give Attorney's Name: _____

Attorney's Address: _____

If you answered Yes to Question #4 above, continue completing the form. However, please be aware that the Department may be unable to act while there is pending litigation.

6. Place of Transaction: _____

7. Date of Transaction: _____ Witness to Transaction: _____

8. Product or service involved: _____

9. Other government agencies contacted: _____

10. Please explain the entire circumstances surrounding your complaint below.

11. What action by the firm(s) and/or person(s) would resolve this matter to your satisfaction?

I verify, under penalty of law, that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief.

Signature of Complainant

Date

**KEEP ALL ORIGINAL DOCUMENTS. PLEASE INCLUDE TWO COPIES OF ALL
DOCUMENT(S) THAT MAY SUPPORT YOUR COMPLAINT.**